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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND BBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 19 9 26 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Marathon Oil Company
Address
P.O. Box 220, Hobbs, New Mexico - 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Notification of cancellation of gas line connection with Sinclair. Gas will be flared. Effective 7-1-67.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
State E-476 "A"
Well No.
1
Pool Name, Including Formation
Gladiola - Wolfcamp
Kind of Lease
State, Federal or Fee
State
Location
Unit Letter
D
330 Feet From The
North
Line and
380 Feet From The
West
Line of Section
30
Township
12-S
Range
38-E
NMPM,
Lea
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Service Pipe Line Co.
Address (Give address to which approved copy of this form is to be sent)
Box 337, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.
Unit
D
Sec.
30
Twp.
12-S
Rge.
38-E
Is gas actually connected?
No
When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well
Gas Well
New Well
Workover
Deepen
Plug Back
Same Res'v.
Diff. Res'v.
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Pool
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks
Date of Test
Producing Method (Flow, pump, gas lift, etc.)
Length of Test
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil - Bbls.
Water - Bbls.
Gas - MCF

GAS WELL
Actual Prod. Test-MCF/D
Length of Test
Bbls. Condensate/MMCF
Gravity of Condensate
Testing Method (pitot, back pr.)
Tubing Pressure
Casing Pressure
Choke Size

VI. CERTIFICATE OF COMPLIANCE
Dist.: CoPL; JHH; LHS; Sinclair; File
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Area Supt.
(Title)
6-14-67
(Date)
OIL CONSERVATION COMMISSION
APPROVED
BY
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.